

8028

FILL OUT ALL BLANKS
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

County Yuma
District Yuma
Town Somerton
Or City

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

R. A. WATKINS PRINTING CO., PHOENIX

ORIGINAL CERTIFICATE OF DEATH

State Index No. 400
County Registered No. 201
Local Registrar's No. 191

No. _____
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)
FULL NAME was named Fredencia Acosta

PERSONAL AND STATISTICAL PARTICULARS

SEX Female Color or Race White Indian Black Chinese Mexican
SINGLE MARRIED WIDOWED or DIVORCED
DATE OF BIRTH Nov 16 1912
(Month) (Day) (Year)
AGE 8 yrs. 0 mos. 0 days If less than 1 day, 8 hrs., or 0 min.
OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed or (employer)
BIRTHPLACE (State or country) Arizona
NAME OF FATHER M. Acosta
BIRTHPLACE OF FATHER (State or country) Mexico
MAIDEN NAME OF MOTHER Rosa Cana
BIRTHPLACE OF MOTHER (State or country) Mexico

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16 1912
(Month) (Day) (Year)
I hereby certify, that I attended deceased from Nov 16 1912 to Nov 16 1912; that I last saw her alive on Nov 16 1912, and that death occurred on the date stated above at 4 P.M. The DISEASE or INJURY causing Death was as follows: Premature birth
(Duration) 8 hrs. 0 mos. 0 days
Was disease contracted in Arizona? _____
If not, where? _____
CONTRIBUTORY _____
(Duration) 8 hrs. 0 mos. 0 days
(Signed) W. C. Cain M.D.
Nov 17, 1920 (Address) Somerton
*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.
LENGTH OF RESIDENCE
At place of death 0 yrs. 0 mos. 0 ds. In Arizona 0 yrs. 0 mos. 0 ds.
Former or Usual Residence _____
Filed 11/17 1920 H. C. Supperman
Local Registrar.
Filed 12-10 1920 C. C. Rooney
County Registrar.

The Above is True to the Best of My Knowledge
(Informant) W. C. Cain
(Address) Somerton Ariz

PLACE OF BURIAL OR REMOVAL Yuma Cemetery
DATE OF BURIAL OR REMOVAL 11/17 1920
ADDRESS Yuma Ariz